

Office of Smart Growth



Smart Growth Space Approval Request - SPR Part 2

Department:							
	Division:		Bureau:				
	Office:		Program:				
Contact Person:	First		Last				
	Line 1		Line 2				
	City		ZIP				
	Phone ()	- Ext.	Email				
Present Location of Agency/Program:							
Brief Program Description:							
Date Required:	January 1 20	0					
Reason for Specific Date:							
Geographic Area Served by Program:	☐ Statewide County						
(Check all that apply)	☐ Atlantic	☐ Glouceste	-	□ Ocean			
	☐ Bergen	☐ Hudson		☐ Passaic			
	☐ Burlington	☐ Hunterdo	n	☐ Salem			
	☐ Camden	☐ Mercer		☐ Somerset			
	☐ Cape May	☐ Middlesex	(Sussex			
	☐ Cumberland	☐ Monmout	h	☐ Union			
	☐ Essex	☐ Morris		☐ Warren			
Municipalities:				<u></u>			
Preferred Location(s):							
	Smart Growth Arc Consult the HMFA Sma		○ Yes to determine S	○ No mart Growth Area Status.			
Number of:	Staff assigned to Locat	ion					
	Visitors accommodated	d per day					



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Reason for	\odot	1. Lease Expiration					
Request:		Municipality/Preferred Location					
	\circ	2. Existing Lease Re	enewal Option				
	\odot	3. Request for Additional Space (Same Location)					
	\odot	4. Request for New Requirement					
		Municipality/Preferred Location					
Questions? C	ontact	t Darcy Horner at (609) 633-7731 or <u>dar</u>	cy.horner@dca	n.state.nj.us		
OSG	⊙ Ар	proved		O Disa	approved		
Comments	Planning Area Impacted by Request						
		Metropolitan	Environ. Sens.	Water			
		Suburban	Env. Sens./B.I.	Military			
		Fringe	Park	Center?			
		Rural	Meadowlands	Yes			
		Rural/Env. Sens.	Pinelands	No			
	Co	mments					